Residential Level Transitions: Levels III and IV

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DMHDDSAS

System of Care Response

Mutual Agreement with:

- DHHS
- Department of Juvenile Justice and Delinquency Prevention
- Department of Public Instruction
- Administrative Office of the Courts
 Committed to System of Care (SOC).

LME Role: Triage

- LME System of Care Coordinators + LME care coordination staff have triaged most of the list of currently placed youth based on severity of need and authorization timelines.
- LME's are coordinating with Community Support providers in order to ensure compliance timelines of transition plans.
- Clinical information used for triage:

Most recent ITR
Risk Questionnaire

Current Person Centered Plan Other Clinical & Medical Info

LME Role: Best Practice

 LME System of Care Coordinators and/or other LME care coordination staff are expected to attend all Child and Family Team meetings for youth in their catchment areas.

 LME System of Care Coordinators will ensure that the Child and Family Team process that occurs for each child/youth follows the best practice principles of the System of Care model.

LME Role: Ongoing Learning

 Results from the LME Triage process plus the Child and Family Team (CFT) meetings will be coordinated to determine community needs and service gaps.



Community Support Provider Tasks

Community Support QP identifies appropriate supports for the child/youth through transition.

 If the appropriate service is Psychiatric Residential Treatment Facility (PRTF)

the CS QP works with the individual and her/his parent and/or legally responsible person to select a provider agency which meets the needs of the individual.

- If the appropriate setting is Home:
 - 1. Appropriate supports
 - 2. Appropriate training for family members
 - 3. Appropriate services Intensive In-Home (IIH) or Multi-Systemic Therapy (MST)

^{**}The Community Support QP continues to monitor the progress of the individual

Level III or Level IV Residential Provider and the Child & Family Team Process

- 1. The Level III & Level IV Provider with the Child & Family Team:
 - ✓ Meets with the Child Family Team
 - ✓ Assures the Person Centered Plan is current.
 - ✓ Crisis plan is current
 - ✓ Must develop a discharge plan on the approved DMH/DD/SAS and DMA Discharge Plan (IU #62)
 - Works with the individual to support the discharge plan and to minimize disruption
 - Shall fully inform the youth and family of all service options.

Eligibility Criteria for Level III & IV Implementation Update 60:

- In addition to the current eligibility criteria documented in DMA Clinical Coverage Policy 8D-2, before a child can be admitted to Level III or Level IV placement the following shall apply:
- 1. Placement may be a transition from a Psychiatric Residential Treatment Facility (PRTF) or inpatient setting

OR

 2. Multisystemic Therapy (MST) or Intensive In-Home (IIH) services did not meet the youth's treatment needs within the last six months and severe functional impairments persist;

AND

 3. The Child Family Team has reviewed all other alternatives and recommendations and recommends Level III or IV residential placement due to maintaining the health and safety of the child.

Discharge Plan Criteria: Implementation Update # 60 & #62

- Must be processed within a Child And Family Team Meeting (s)
- Includes a new comprehensive clinical assessment:
 - Addresses co-occurring disorders as appropriate
 - Conducted by a psychiatrist (independent of the residential provider and its provider organization)
 - Must include clinical justification for continued stay at this level of care.
- Must used Standardized DMHDDSAS & DMA Discharge Form
- Demonstrate that family and/or caregivers are actively engaged in treatment goals and objectives
- Promote least restrictive environment
- Expected discharge dates
- Engagement of natural and community supports
- Signatures of the recipient and/or responsible person
- Must be submitted with any authorization
- Failure to submit assessment and discharge plan will be returned as "Failure to Process"

Residential Providers with 16 + Beds

• Current Status:

- Met with 8 Providers on August 24, 200
- Required Providers to submit Plan for reduction with reduced numbers of beds & effective date of correction
- Providers are located in the following LME's:

Guildford (1) Smoky (1)

Wake (1) Johnson (1)

Centerpoint (1) Mecklenburg (2)

Cumberland (1)

Most have decided to reduce or convert to PRTF

Recipients In Level III and Level IV Residential Services

8/1/09

Recipients in Level III residential services. 2138 8/1/09

Recipients in Level IV residential services. 10/5/09

Recipients in Level III residential services

1287

Difference of 851

10/5/09

Recipients in Level IV residential services

74

Difference of 42

Recipients who have been Paper Triaged

1927

Discharge Percentage 85% Recipients who have had an initial Child and Family Team (CFT)

1791

Discharge Percentage 79%

Recipients who have had a follow-up Child and Family Team (CFT) meeting

893

Discharge Percentage 39% Recipients who have been discharged from Level III residential services

816

Discharge Percentage 38% Recipients who have been discharged from Level IV residential services

48

Discharge Percentage 41%

Average Length of Stay in Level III & IV

Level III

Previously: 310 Days per year

Anticipated: 120 Days**

Level IV

Previously: 192 Days per year

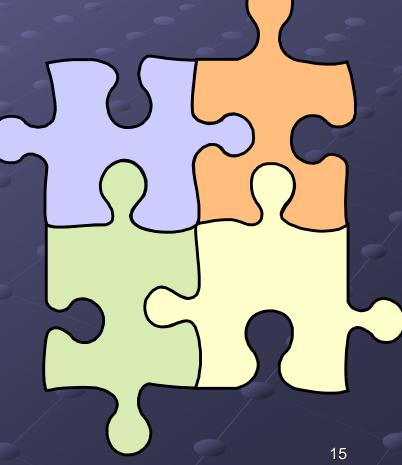
Anticipated: 120 Days**

**Exceptions must follow EPSDT (Early Periodic Screening, Diagnosis and Treatment) procedures and requirements

- Where Child Family Teams are referring children (in order of need):
 - Medication Management (300 + Referrals)
 - Outpatient Individual Therapy
 - Outpatient Family Therapy
 - Intensive In Home
 - Natural Supports
 - Therapeutic Foster Care (660-ਮ Referrals)
 - PRTF (100+ Referrals)
 - Day Tx
 - Residential Level II (147-) Referrals)
 - MST (21+ Referral)
 - Residential Level III
 - Residential Level IV
 - SAIOP
 - Outpatient Group
 - Respite (394 Referrals)

Services in which some catchment areas require expansion:

- Respite
- Intensive In Home
- Multisystemic Therapy
- SAIOP
- Day Treatment
- Therapeutic Foster Care
- Psychiatric Residential Treatment Facility



10/5/09 10/5/09 in your catchment **Level III Beds** Level IV Beds as as of August 1, area as of the as of August of the date of this 2009 1, 2009 date of this report report Percentage **Percentage** Remaining: Remaining: 95% 76% 16

For More Information on the Residential III and IV Transition Process

http://www.ncdhhs.gov/mhddsas/childandfamily/ /index-new.htm

Thank you